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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 3275

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|--|---|--|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/761,341  | FILING DATE<br>01/22/2004<br>RULE   | CLASS<br>174   | GROUP ART UNIT<br>2831 | ATTORNEY DOCKET NO.<br>BHT-3167-176 |
| <b>APPLICANTS</b><br><br>Wei-Chih Teng, Taipei Hsien, TAIWAN;  |   |  |                        |                                     |
| <b>** CONTINUING DATA *****</b>  |   |  |                        |                                     |
| <b>** FOREIGN APPLICATIONS *****</b><br>TAIWAN 92127856 10/07/2003 <i>LSP</i>                        |   |  |                        |                                     |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 04/23/2004                                  |   |  |                        |                                     |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged             | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>LSP</i> Initials | STATE OR COUNTRY<br>TAIWAN   | SHEETS<br>DRAWING 5    | TOTAL CLAIMS 8 INDEPENDENT CLAIMS 1 |
| <b>ADDRESS</b><br>BRUCE H. TROXELL<br>SUITE 1404<br>5205 LEESBURG PIKE<br>FALLS CHURCH , VA<br>22041 |   |  |                        |                                     |
| <b>TITLE</b><br>Cable fixer for an electronic device   |   |  |                        |                                     |
| FILING FEE<br>RECEIVED<br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |                        |                                     |